

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

FEB 18 1937 1-3-37

1. PLACE OF DEATH — 9: P.M.

County Pike County Mo.

Township

City

Registration District No.

Primary Registration District No.

No.

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

File No.

Registered No.

St.

Ward)

2598

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

male

white

married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

Mrs. Sylvia Shade

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Sept. 2 1889

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

47

4

(2)

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

WPA worker

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

10. Date deceased last worked at
this occupation (month and
year)

11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Missouri

13. NAME

Alex Shade

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

(?)

15. MAIDEN NAME

Lizzie Worth

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

(?)

17. INFORMANT
(ADDRESS)

Mrs. Sylvia Shade
Lansdown Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Lansdown

DATE

4/5

37

19. UNDERTAKER
(ADDRESS)

W. H. Haeussler
Lansdown Mo

20. FILED

4/4 37 W. H. Haeussler Jr

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

1-3

1937

22. I HEREBY CERTIFY, That I attended deceased from

Dec 21, 1936, to 1-3

1937

I last saw him alive on 1-3 1937. Death is said

to have occurred on the date stated above, at 9:00 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Pneumonia (Streptococcus)

Other contributory causes of importance:

Myocarditis, acute.
Non-epidemic

Name of operation

Date of

What test confirmed diagnosis? Lab.

Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) Charles L. Lennett, M. D.

(Address) Lansdown Mo

